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7590

04/23/2002

EZRA SUTTON, P.A.
Plaza 9
900 Route 9
Woodbridge, NJ 07095

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Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Judith M. Traina

(Depositor's name)

Judith M. Traina

(Signature)

May 28, 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09749,189	12/27/2000	Edward L. Tobinick	TOBINICK 3.0-012(CIP)	6172

TITLE OF INVENTION: CYTOKINE ANTAGONISTS FOR THE TREATMENT OF SENSORINEURAL HEARING LOSS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
44	nonprovisional	YES	\$640	\$300	\$940	07/23/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANNAVAJALA, LAKSHMI SARADA	1615	424-400000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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Authorized Signature)

EZRA SUTTON

(Date)

5-28-02

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06/11/2002 RNEBWAH1 00000153 09749189

01 FC:242

640.00 DP

02 FC:561

30.00 DP

03 FC:195

300.00 DP

TRANSMIT THIS FORM WITH FEE(S)